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PERMANENT RECORD  
N. E.—in case of more than one child at birth, a SEPARATE RETURN be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>175</u>
District of <u>Arizona</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>559</u>
Town of _____			Local Registrar No. _____
or _____			St. _____ Ward _____
City of <u>Miami</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Lupen Vargas</u>		) If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Girl</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimacy _____		7. Date of birth <u>Oct 29 1924</u> Month day year	
3. FATHER		14. MOTHER	
Full name <u>Pascual Vargas</u>		Full maiden name <u>Amelia Pineda</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>El Paso Texas</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>708 Liv Oak St</u>	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>21</u> (Years)		17. Age at last birthday <u>19</u> (Years)	
12. Birthplace (city or place) <u>El Paso Texas</u> (State or country)		18. Birthplace (city or place) <u>El Paso Texas</u> (State or country)	
13. Occupation Nature of industry <u>Truck Driver</u>		19. Occupation Nature of industry <u>House Wife</u>	
20. Number of children of this mother (a) Born alive and now living <u>yes</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against opthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born Oct 29</u> at <u>11:15</u> p.m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Helena G. Dominguez</u> (Physician or midwife)	
Address <u>708 Liv Oak St</u>		Given name added from <u>Oct 29 1924</u> Month, day, year.	
Filed <u>DEC 5 1924</u>		Local Registrar. <u>B. E. D.</u>	
County Registrar. _____		County Registrar. _____	

352-1029-171